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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/784,512	02/23/2004	Rassoll Rashidi	STJD 2 00005

55714

ST. JUDE MEDICAL, ATRIAL FIBRILLATION DIVISION  
14901 DEVEAU PLACE  
MINNETONKA, MN 55345-2126

CONFIRMATION NO. 1507




\*OC000000020726434\*

Date Mailed: 10/05/2006

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 09/18/2006.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

  
MY-HOA NGUYEN  
PTOSS (703) 305-0677 EXT 146

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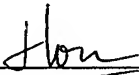
\*OC000000020726426\*

Date Mailed: 10/05/2006

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 09/18/2006.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

  
 MY-HOA NGUYEN  
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